



1631  
Practitioner's Docket No. 47,653.2 (1789)  
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: J.C. Houck, et al.

Application No.: 09/190,043

Group No.: 1631

Filed: 11/10/98

Examiner: Borin, M.

For: SMALL PEPTIDES AND METHODS FOR TREATMENT OF ASTHMA AND INFLAMMATION

Assistant Commissioner for Patents  
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an Amendment and Declaration (signed) for this application.

STATUS

2. Applicant is a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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JUN 14 2000  
TC 1600 MAIL ROOM

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

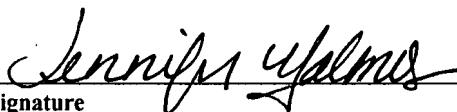
MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Date: June 9-2000

  
Signature

Jennifer K. Holmes  
(type or print name of person certifying)

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TC 1660 MAIL ROOM

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee
Total	20	Minus	20	= 0	x \$0 =	\$0
Indep.	10	Minus	10	= 0	x \$0 =	\$0
First Presentation of Multiple Dependent Claim					+ \$0 =	\$0
					Total Addit. Fee	\$0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

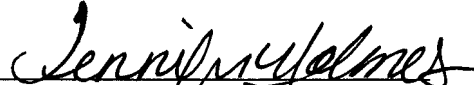
Total additional fee for claims required \$0

**FEE DEFICIENCY**

5. If any additional extension and/or fee is required, charge Account No. 04-1105.  
If any additional fee for claims is required, charge Account No. 04-1105.

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